

MARINE MAMMAL REHABILITATION DISPOSITION REPORT

FIELD #: _____ NMFS REGIONAL #: _____ (NMFS USE) NATIONAL DATABASE#: _____ (NMFS USE)

COMMON NAME: _____ GENUS: _____ SPECIES: _____

REHABILITATION FACILITY: _____

Address: _____ Phone: _____

STRANDING HISTORY

Date: Year: _____ Month: _____ Day: _____

Sex: ☐ 1. Male ☐ 2. Female

Straight Length: _____ ☐ cm ☐ in ☐ actual ☐ estimate

Weight: _____ ☐ kg ☐ lb ☐ actual ☐ estimate

ADMISSION INTO REHABILITATION

Date: Year: _____ Month: _____ Day: _____

Received From: _____

Straight Length: _____ ☐ cm ☐ in ☐ actual ☐ estimate

Weight: _____ ☐ kg ☐ lb ☐ actual ☐ estimate

MEDICAL RECORD AND SPECIMEN TRACKING

Samples collected: ☐ 1. YES ☐ 3. Unknown
☐ 2. NO

Pre-release Health Screen: ☐ 1. YES ☐ 3. Unknown
☐ 2. NO

Other Specimen Tracking: ☐ 1. Scientific collection
☐ 2. Education collection
☐ 3. Other: _____

Sample Type/Diagnostic Test/Disposition:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

DISPOSITION (Check one of more)

☐ 1. Transferred to Another Facility

Year: _____ Month: _____ Day: _____

Facility: _____

Address: _____

Comments: _____

☐ 2. Retained following Rehabilitation

Year: _____ Month: _____ Day: _____

Location: _____

Comments: _____

I.D.#: _____

(NMFS USE)

☐ 3. Died

Year: _____ Month: _____ Day: _____

Location: _____

Cause of Death: _____

Comments: _____

☐ 4. Released

Year: _____ Month: _____ Day: _____

State: _____ County: _____ City: _____

Locality Details: _____

Latitude: _____ N

Longitude: _____ W

Straight Length: _____ ☐ cm ☐ in ☐ actual ☐ estimate

Weight: _____ ☐ kg ☐ lb ☐ actual ☐ estimate

Age Class: _____

TAG DATA (*D=Dorsal; LF=Left Front; LR=Left Rear; RF=Right Front; RR=Right Rear)

I.D.#	Color	Type	Placement (Circle ONE)	Applied	Present
_____			D DF L	<input type="checkbox"/>	<input type="checkbox"/>
			LF LR RF RR		
_____			D DF L	<input type="checkbox"/>	<input type="checkbox"/>
			LF LR RF RR		
_____			D DF L	<input type="checkbox"/>	<input type="checkbox"/>
			LF LR RF RR		

* D = Dorsal; DF= Dorsal Fin; L = Lateral Body
LF=Left Front; LR = Left Rear; RF = Right Front; RR = Right Rear

ADDITIONAL IDENTIFIER:

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

THESE DATA SHOULD NOT BE USED OUT OF CONTEXT OR WITHOUT VERIFICATION.

UPON WRITTEN REQUEST, CERTAIN FIELDS OF THE MARINE MAMMAL REHABILITATION DISPOSITION REPORT WILL BE RELEASED TO THE REQUESTOR PROVIDED THAT THE REQUESTOR CREDIT THE STRANDING NETWORK AND THE NATIONAL MARINE FISHERIES SERVICE. THE NATIONAL MARINE FISHERIES SERVICE WILL NOTIFY THE CONTRIBUTING STRANDING NETWORK MEMBERS THAT THESE DATA HAVE REQUESTED AND THE INTENT OF USE. ALL OTHER DATA WILL BE RELEASED TO THE REQUESTOR PROVIDED THAT THE REQUESTOR OBTAIN PERMISSION FROM THE CONTRIBUTING STRANDING NETWORK AND THE NATIONAL MARINE FISHERIES SERVICE.

PUBLIC REPORTING BURDEN FOR THE COLLECTION OF INFORMATION IS ESTIMATED TO AVERAGE 20 MINUTES PER RESPONSE, INCLUDING THE TIME FOR REVIEWING INSTRUCTIONS, SEARCHING EXISTING DATA SOURCES, GATHERING AND MAINTAINING THE DATA NEEDED, AND COMPLETING AND REVIEWING THE COLLECTION OF INFORMATION. SEND COMMENTS REGARDING THIS BURDEN ESTIMATE OF ANY OTHER ASPECT OF THE COLLECTION OF INFORMATION, INCLUDING SUGGESTIONS FOR REDUCING THE BURDEN TO CHIEF, MARINE MAMMAL CONSERVATION DIVISION, OFFICE OF PROTECTED RESOURCES, NOAA FISHERIES, 1315 EAST-WEST HIGHWAY, SILVER SPRING, MARYLAND 20910. NOT WITHSTANDING ANY OTHER PROVISION OF THE LAW, NO PERSON IS REQUIRED TO RESPOND TO, NOR SHALL ANY PERSON BE SUBJECT TO A PENALTY FOR FAILURE TO COMPLY WITH, A COLLECTION OF INFORMATION SUBJECT TO THE REQUIREMENTS OF THE PAPERWORK REDUCTION ACT, UNLESS THE COLLECTION OF INFORMATION DISPLAYS A CURRENTLY VALID OFFICE OF MANAGEMENT AND BUDGET (OMB) CONTROL NUMBER.

